

possible like laboratory, X-ray examinations, etc. In fact this is already happening in large centers except that it is not so efficient and economical as it could be. On the other hand this very impersonal form of service upon which the attending physician may call, gives him a better opportunity to devote himself to that part of his function which is more a ministration of the higher and finer relationships between patient and physician.

It depends upon the purpose for which organization proceeds whether it becomes mechanical or not.

The old, traditional spirit of the medical profession need not be less helpful, less kind and less unselfish for being efficiently organized.

III.

GRADUATE MEDICAL EDUCATION AND THE PRACTITIONER

JOHN E. JENNINGS

A little more than five years ago the Medical Society of the County of Kings and the Long Island College Hospital Medical School began what has proven an interesting experiment in Brooklyn. It consisted in giving a course of late afternoon lectures on subjects of direct clinical interest to the general practitioner and in offering in conjunction with several hospitals of the borough, short courses at a nominal fee in a number of more or less practical medical and surgical subjects. Its originators and promoters—Doctors Frank D. Jennings and Charles A. Gordon—have described and reported its inception and progress. It has been successful to a large degree and is still going on.

The lectures are always well attended—often crowded—and the extension courses have had a varied fate. Some have been popular, others ignored, for reasons often hard to discern. In general, however, it may be said that a registration equivalent to about one-fifth of the medical population have taken one or more of the courses offered.

This year the joint committee again, under the leadership of its original chairman, Doctor Gordon, is renewing its vigor and enthusiasm.

I do not propose to discuss or describe in detail the vicissitudes of this enterprise but to offer for your consideration a few ideas suggested by observation of and participation in it.

The experiment, I said, has been successful but it would be idle not to admit that its success has been singularly limited by four obstacles.

First—the conservatism of some of the largest and best equipped hospitals which led them to refuse to participate in the movement.

Second—the partial and inadequate appreciation on the part of the academic group of the need of the practitioner.

Third—the lack of method and experience in teaching of many of the willing volunteers.

Fourth—the inertia and comparative indifference of the large body of the profession.

It is possible that all of these difficulties may be surmounted but the process will have to be gradual and lacking large funds, very slow. What might be attempted if sufficient funds were interested in such a movement is not altogether futile speculation but one which cannot even begin without considering the cardinal obstructions as they now seem to exist. I shall ask your permission to consider these for I believe they are rather general—quite fundamental and will apply to any mission for education to the active practitioner. They are: The rather singular separation that now exists between what we may call the school and the practitioner. They do not seem to understand each other. The practitioner is not aware of the modern development of the medical school. He knows little about it and is not greatly impressed with what he knows. He considers the young graduate informed but untrained and looks almost entirely to other clinicians

when he finds himself able to brush up or look for special training. He is too often obliged to work a great deal alone and in inadequately equipped institutions, is largely active in actually caring for the sick and has stifled the natural desire of every physician to investigate and to teach.

The college apparently has its eye on the absolute *second*: The no less singular development of the hospital which in many instances is not so vigorous a mechanism of training as it used to be. Too often the stress of increased expense and other factors have upset the balance that once existed between the charity and the private beds and the young assistant must serve a long time before his experience is large or varied enough to equip him as he needs. In many institutions no out-patient department exists or if one is active its armamentarium and methods render it a menace rather than an assistance to the sick. The conception of the hospital as a center for preventive medicine and for social service is still in the germ. Fortunately there are fine exceptions. Not every hospital can or should be a teaching institution in the present sense of the word but a hospital could and should be an institution of learning. There are some and will be more.

I believe that comparatively small sums of money if wisely expended could by endowing and administering a few small hospitals, effect an example which would greatly influence this whole situation. For it is in the hospital, such as it is, that the lamp of learning, though it flickers, still burns and a man may live the rounded life of a physician. He may still be a clinician, an investigator and an instructor and he still knows that education is not the giving or receiving of knowledge but the inculcation of a discipline which can be accomplished by responsible apprenticeship alone.

So far as the individual practitioner is concerned some mechanism is needed to bring him and the university together. It would be good for them both and for the patient and again—any plan will demand money.

I do not think that any scheme of lectures or of extension courses, short or long, practical or scientific, will have any profound influence on the present situation. I wonder if a plan could be devised. Would it be worth considering to accept the successful practitioner as a man whose adaptation to his environment had elements of virtue in it and to seek to isolate the essential oil? Could the old idea of Preceptorship be modernized at all?

Suppose that Doctor Doe, who has a good practice in Jamaica—which is sixteen minutes from the Pennsylvania station by the way—were to receive some day a letter asking for an appointment with a representative of the Gold Dust Foundation. Would he bite? He would. Suppose that able representative told him that he was one of 51 doctors who had been selected to take part in a movement for university extension in medicine, that his consent was sought and his advice requested. That a meeting of the Extension Faculty would be held at the university on Saturday morning, that his attendance would be appreciated, a director's fee waiting and the roll called. Would he be there? He would.

Supposing that at this meeting the relation of graduate and undergraduate instruction was recognized and that Doctor Doe was asked to associate with him two undergraduates and one graduate and to arrange his clinical records so as to conform with the standards of the university. His salary as a member of the faculty beginning on July 1st and his personal attendance at the summer session for extension teachers being expected. Would he yield? Would you?

One who assumes the activities of a critic must in some degrees accept the responsibilities of a minor prophet and I will predict that he would. That he and his fellows would do as much or more for the university as it would do for them and that the association would do much to mitigate the disorders from which medical education and medicine with it, are now suffering until they too shall have run their course.

Three evils affect medicine and medical practice among us today :

Commercialism—which has many forms and manifestations, chief of which, however, is the improper extension of veterinary medicine. Veterinary medicine is practice which is performed on the body of another without his solicitation or necessary consent. It is honorably performed upon animals in captivity. Wild animals do not enjoy it and free men resent it. In several subtle forms it is invading human practice.

Partialism—or Pseudo Specialism—in which the physician working alone or in group assumes only a partial consideration of the patient's problem without proper central and coördination by one familiar with the whole.

Standardization—which may be made a willing and useful guide and servant or may become an inexorable and tyrannical master if it be allowed to go beyond control.

It is charged that the digestive and correlative parts of knowledge are in most American colleges conspicuous by their absence. Would not some such plan as the one I have outlined promote and develop the restoration of these functions in the medical schools?

Would it not make possible a real integration of the fractional activities of us all?
